

COVID-19 FLEXIBILITIES: LONG-TERM SERVICES AND SUPPORTS

Medicaid Member Advisory Committee
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Waiving Service Authorization Requirements on Select Services

Medicaid Memo 3/19/20

- Service authorizations for specific Waiver or EPSDT services automatically extended for 60 days.
- Service authorization requirements for specific DME and Home Health services are waived during the emergency period.
- Suspension of Out-of-Network authorization requirements and pay the Medicaid fee schedule.

Long-Term Services and Supports (LTSS)

- Remote services and telehealth are permitted for routine visits, level of care screenings, re-assessments, service plan development meetings, registered nurse supervisory visits, and service facilitator reassessment visits.
- Quality sampling requirements for waiver services are reduced due to limited provider capacity to complete files for quality management review desk audits.

Home and Community-based Settings (Appendix K)

Medicaid Memo 4/22/20

- Home and community-based settings are permitted to limit the number of visitors to their residences to minimize the spread of infection from COVID-19.

Coverage Protections for Members (Appendix K)

Medicaid Memo 4/22/20

- Members will retain waiver coverage even if they do not receive a service over a 30-day period.
 - For these members, MCOs will be reaching out monthly via telephone to do a safety check.
- Level of Care re-evaluations are extended from 12 months to 18 months.



LTSS Staffing Flexibilities (Appendix K)

Personal Care/Respite Services (effective 4/20/20)

Medicaid Memo 4/22/20

- Spouses, parents of minor children, and legal guardians can provide and be reimbursed for personal care services.
- Personal care, respite and companion aides employed by an agency can perform services prior to completion of the required 40 hours of training. Agency providers are required to ensure that aides:
 - Are proficient in the skills needed to care for Medicaid members prior to delivering services in the home.
 - Receive the required 40 hours of training within 90 days after they begin performing services.

LTSS Provider Sustainability (Appendix K)

Retainer Payments (effective 3/12/20 – 6/30/20)

Medicaid Memo 5/15/20

- Adult day health centers and day support providers that are closed and unable to perform services due to COVID-19 may be eligible for retainer payments from March 12, 2020 through June 30, 2020.
- Providers can submit individual claims with a modifier to receive a payment rate of 65%.

Access to Long-Term Services and Supports (effective 3/12/20)

Medicaid Memo 5/26/20

- Permit individuals who choose to move to a nursing facility directly from a hospital to be accepted without a long-term services and supports screening.
- The Pre-Admission Screening and Resident Review (PASSR), Level One and Level Two, must be conducted within 30 days of admission.
- Choice must still be documented.

Nursing Facilities

Medicaid Memo 5/26/20 (effective 3/12/20)

- Minimum Data Set (MDS) Assessments for new admissions may be completed in 30 days (instead of 14 days).
- Nursing facilities may temporarily employ individuals, who are not certified nurse aides, to perform the duties of a nurse aide for more than four months, on a full-time basis if they can demonstrate necessary skills and techniques.

LTSS Provider Flexibilities

Medicaid Memo 5/26/20

- Waive in-person supervision by a registered nurse every two weeks for Home Health and waive 14 day in-person supervision for hospice (telephonic supervision is encouraged).
- Home health agencies may perform certifications, initial assessments, and determine a patient's homebound status remotely by telephone or via video communication in lieu of a face-to-face visit.

Program for All-inclusive Care for the Elderly (PACE) Medicaid Memo 5/26/20 (effective 3/12/20)

- PACE sites may use remote technology and telehealth options (including telephone communication) as appropriate, to review or gather member information that would normally be provided as a face-to-face service.
- Member consent of participation must be documented and written signatures obtained within 45 days after the end of the emergency.
- DMAS Quality Management Reviews will be desk reviews only.

Durable Medical Equipment (DME)

Medicaid Memo 5/26/20

- DME providers may deliver up to a 1-month supply at a time.
- DMAS will allow National Coalition for Assistive and Rehab Technology (NCART) recommendations for remote protocol, for complex rehab equipment.
- Telehealth visits are allowed for therapy evaluations unless it is determined a face-to-face evaluation is warranted.
- Face-to-face requirement for authorization of durable medical equipment for specific codes are waived.
- DMAS will allow temporary coverage for short-term oxygen use for specified acute conditions.

Certificate of Medical Necessity (CMN)

Medicaid Memo 5/26/20

- Temporary extension of current CMNs until the end of the state of emergency.
- Temporary suspension of the requirement for a CMN for new orders (effective April 13, 2020).
- The DME provider must have a written, faxed, emailed or verbal order from the practitioner that includes the members name, item(s) is being ordered and a diagnosis.

Nursing Facility (NF) Supplemental Payment

Governor's Budget Amendment (effective 3/12/20)

- Additional payment to nursing facilities of \$20 per day for each Medicaid resident until June 30, 2020.



Civil Monetary Penalty Funding

Nursing Facility Funding

Medicaid Memo 5/19/20



- The 2020 procurement process for applications for Civil Monetary Penalty (CMP) Funds is on hold until the 2021 CMP Application Cycle.
- CMS has granted to the states the ability to approve requests that meet CMS parameters for use of CMP Reinvestment funds for communicative technology.
- Communicative technology devices of up to \$3,000 per facility for residents to use for both social and telehealth visits can be authorized by DMAS (application deadline 5/27/20).

Behavioral Health & Addiction Recovery Treatment (ARTs) Provider Flexibilities

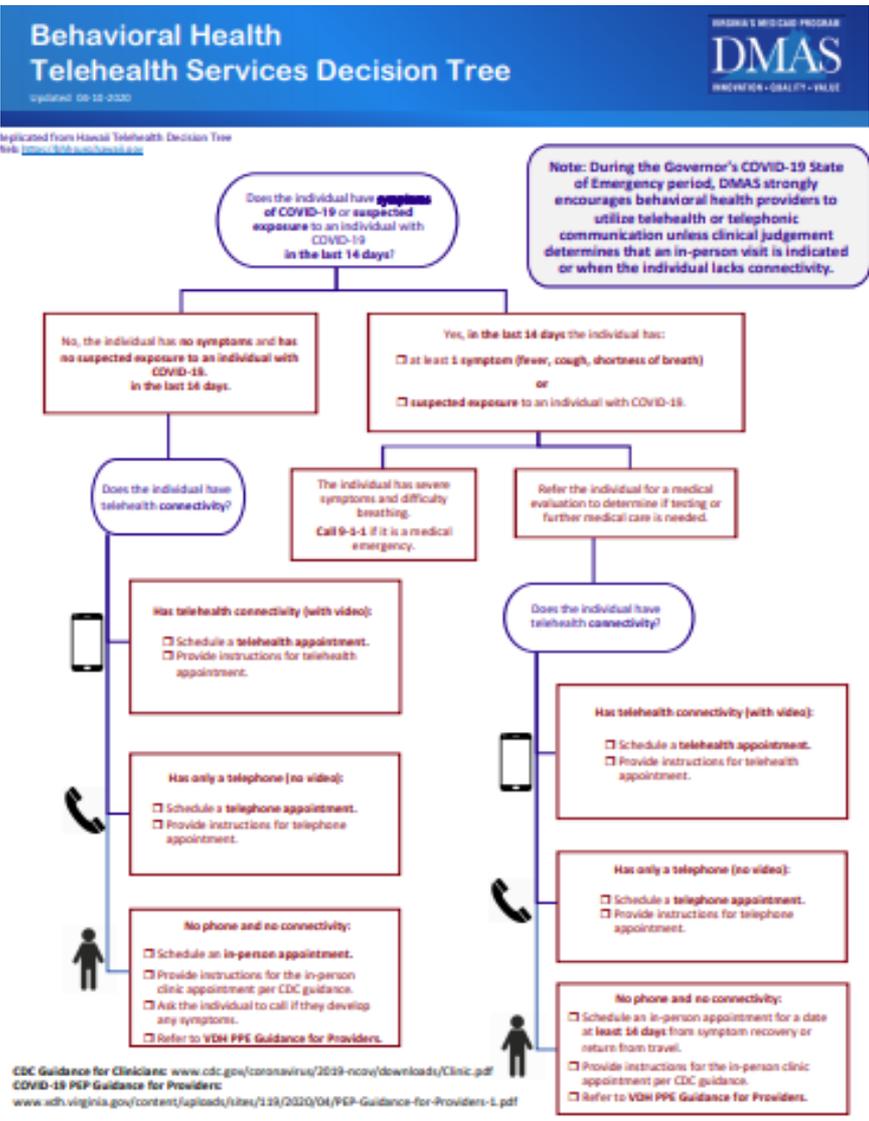
Behavioral Health Services

Medicaid Memo 3/27/2020

Enabling the delivery of various behavioral health services via telehealth or telephone, through trauma-informed care including:

- Crisis Response and Interventions;
- Care coordination, case management, and peer services;
- Service needs assessments (including the Comprehensive Needs Assessment and the IACCT assessment in mental health and the Multidimensional Assessment in ARTS) and all treatment planning activities;
- Outpatient psychiatric services;
- Community mental health and rehabilitation services; and
- Addiction Recovery and Treatment Services (ARTS).

Behavioral Health Telehealth Decision Tree



Behavioral Health & Addiction Recovery Treatment (ARTS) Provider Flexibilities

ARTS Provider Flexibilities

Medicaid Memo 3/27/2020

- Opioid Treatment Programs (OTPs) can administer medication as take home dosages, up to a 28-day supply, to minimize exposure of COVID-19 to staff and patients.
- Reimbursement of the medication encounter for the total number of days' supplied of the take-home medication.
- Allowing the counseling component of Medication Assisted Treatment (MAT) to be completed via telehealth or telephone for patients suffering from substance use disorders.
- Preferred OBOTs or OTP's are not penalized for missed urine drug screens during the public health emergency.
- Face-to-face contact requirements are waived for care coordinators, counselors, and peer recovery support specialists within Preferred OBOT or OTP.

Behavioral Health & ARTS Delivery of Services Flexibilities

Authorizations and Licensure Reciprocity

Medicaid Memo 3/27/2020, Provider Webinar 4/22/2020

- Allowing up to 14 days after the start of a new behavioral health service or after the expiration of an existing authorization for a service authorization request to be submitted from the provider to the MCO or the Magellan of Virginia.
- Individuals unable to be discharged from inpatient psychiatric care due to COVID-19, may continue to receive authorizations for a continued stay until they can be safely discharged into the community.
- Licensed Mental Health Professionals (LMHPs) licensed in another state may provide behavioral and substance abuse services to Virginia residents and receive reimbursement from DMAS. LMHPs with an active license issued by another state may be issued a temporary license by endorsement.